

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **SEP 1, 2013** and ending **AUG 31, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAN FRANCISCO SYMPHONY		D Employer identification number 94-1156284
	Doing Business As		E Telephone number (415) 552-8000
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite DAVIES SYMPHONY HALL, 201 VAN NESS	G Gross receipts \$ 137,130,881.	
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102-4585		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: SAKURAKO FISHER SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.SFSYMPHONY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1910 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENRICH, SERVE, AND SHAPE CULTURAL LIFE THROUGHOUT THE SPECTRUM OF BAY AREA COMMUNITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	92
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	92
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	998
	6 Total number of volunteers (estimate if necessary)	6	1850
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	51,543.
b Net unrelated business taxable income from Form 990-T, line 34	7b	41,699.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	33,467,450.	29,977,665.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,054,885.	30,710,124.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,933,829.	30,955,877.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-532,125.	-460,021.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	84,924,039.	91,183,645.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	97,500.	115,850.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	42,280,401.	43,832,868.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,112,111.	440,666.	410,198.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,473,820.	30,207,212.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	73,292,387.	74,566,128.
19 Revenue less expenses. Subtract line 18 from line 12	11,631,652.	16,617,517.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	315,161,678.	341,896,193.
	22 Net assets or fund balances. Subtract line 21 from line 20	43,768,159.	46,579,022.
		271,393,519.	295,317,171.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	JIM KIRK, CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JOHN PANETTA		
Firm's name ▶ ARMANINO LLP		Firm's EIN ▶ 94-6214841	Check if self-employed <input type="checkbox"/> PTIN P00365375
Firm's address ▶ 12657 ALCOSTA BOULEVARD, SUITE 500 SAN RAMON, CA 94583-4600		Phone no. 925-790-2600	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE SAN FRANCISCO SYMPHONY SETS THE HIGHEST POSSIBLE STANDARD FOR EXCELLENCE IN MUSICAL PERFORMANCE AT HOME AND AROUND THE WORLD, ENRICHES, SERVES, AND SHAPES CULTURAL LIFE THROUGHOUT THE SPECTRUM OF BAY AREA COMMUNITIES, MAINTAINS FINANCIAL STABILITY AND GAINS PUBLIC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 63,065,034. including grants of \$ 115,850.) (Revenue \$ 31,309,333.) THROUGH ITS ARTISTIC, EDUCATION AND COMMUNITY PROGRAMS, THE SAN FRANCISCO SYMPHONY EACH YEAR SERVES MORE THAN 600,000 BAY AREA RESIDENTS AND VISITORS OF EVERY ECONOMIC AND CULTURAL BACKGROUND IN OVER 200 CONCERTS. THE SYMPHONY ADDITIONALLY REACHES MILLIONS OF OTHERS THROUGHOUT THE UNITED STATES AND ABROAD THROUGH TOURING, RECORDING, THE WEB, AND RADIO AND TELEVISION BROADCASTS.

THE GRAMMY AWARD WINNING SAN FRANCISCO SYMPHONY IS REGARDED INTERNATIONALLY AS ONE OF THE FOREMOST AMERICAN ORCHESTRAS. UNDER MUSIC DIRECTOR MICHAEL TILSON THOMAS, THE SYMPHONY OFFERS EXCITING CLASSICAL PROGRAMS WITH INTERNATIONALLY ACCLAIMED GUEST ARTISTS IN ITS 100+ CONCERT SUBSCRIPTION SERIES. OTHER ANNUAL SERIES INCLUDE THE

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 63,065,034.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (92), 1b (92), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JIM KIRK, CFO - (415) 552-8000
DAVIES SYMPHONY HALL, 201 VAN NESS, SAN FRANCISCO, CA 94102-4585

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAKURAKO FISHER PRESIDENT	30.00	X		X				0.	0.	0.
(2) GAIL L. COVINGTON VICE PRESIDENT	3.00	X		X				0.	0.	0.
(3) TED W. HALL VICE PRESIDENT	3.00	X		X				0.	0.	0.
(4) DAVID A. HOYT VICE PRESIDENT	3.00	X		X				0.	0.	0.
(5) RICHARD M. KOVACEVICH VICE PRESIDENT	3.00	X		X				0.	0.	0.
(6) PAUL S. OTELLINI VICE PRESIDENT	3.00	X		X				0.	0.	0.
(7) DAVID R. STRAND VICE PRESIDENT	3.00	X		X				0.	0.	0.
(8) ROBERT R. TUFTS SECRETARY	3.70	X		X				0.	0.	0.
(9) AIDA M. ALVAREZ MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(10) MICHAEL ANDERS MEMBER, BOARD OF GOVERNORS	1.30	X						0.	0.	0.
(11) NANCY H. BECHTLE MEMBER, BOARD OF GOVERNORS	2.40	X						0.	0.	0.
(12) LYDIA I. BEEBE MEMBER, BOARD OF GOVERNORS	1.60	X						0.	0.	0.
(13) ATHENA T. BLACKBURN MEMBER, BOARD OF GOVERNORS	1.20	X						0.	0.	0.
(14) BARBARA BROOKINS-SCHNEIDER MEMBER, BOARD OF GOVERNORS	1.50	X						0.	0.	0.
(15) CAROL FRANC BUCK MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(16) MRS. HERBERT E. CAEN MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(17) RICHARD A. CARRANZA MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROL CASEY MEMBER, BOARD OF GOVERNORS	1.50	X					0.	0.	0.	
(19) IRIS CHAN MEMBER, BOARD OF GOVERNORS	1.50	X					0.	0.	0.	
(20) JOHN S. CHEN MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(21) DR. YANEK S. Y. CHIU MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(22) MATT COHLER MEMBER, BOARD OF GOVERNORS	1.40	X					0.	0.	0.	
(23) MARGARET LIU COLLINS MEMBER, BOARD OF GOVERNORS	1.30	X					0.	0.	0.	
(24) NANCY R. CONNER MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(25) MICHELE BEIGEL CORASH MEMBER, BOARD OF GOVERNORS	2.40	X					0.	0.	0.	
(26) COURTENAY C. CORRIGAN MEMBER, BOARD OF GOVERNORS	1.40	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,629,255.	0.	326,443.	
d Total (add lines 1b and 1c)							2,629,255.	0.	326,443.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MTT INC., 1745 BROADWAY, 18TH FLOOR, NEW YORK, NY 10019	MUSIC DIRECTOR	2,105,920.
HATHAWAY DINWIDDIE CONSTRUCTION, 275 BATTERY STREET, SUITE 300, SAN FRANCISCO, CA 94102	CONSTRUCTION SERVICE	793,972.
SD&A TELESERVICES INC., 5757 WEST CENTURY BLVD., STE. 300, LOS ANGELES, CA 90045	PROFESSIONAL FUNDRAISER	790,743.
LAHLOUH INC 1649 ADRIAN ROAD, BURLINGAME, CA 94010	PRINTING/MAILING	651,512.
AECOM TECHNICAL SERVICE 4840 COX ROAD, GLEN ALLEN, VA 20360	CAPITAL PROJECT CONSULTANTS	603,361.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **23**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MRS. ROBERT A. CORRIGAN MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(28) DEREK L. DEAN MEMBER, BOARD OF GOVERNORS	2.30	X					0.	0.	0.	
(29) DIXON R. DOLL MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(30) MARY C. FALVEY MEMBER, BOARD OF GOVERNORS	2.00	X					0.	0.	0.	
(31) MRS. DONALD G. FISHER MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(32) A. JOHN GAMBS MEMBER, BOARD OF GOVERNORS	3.10	X					0.	0.	0.	
(33) PRISCILLA B. GEESLIN MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(34) CHARLES M. GESCHKE MEMBER, BOARD OF GOVERNORS	1.40	X					0.	0.	0.	
(35) GORDON P. GETTY MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(36) JOHN D. GOLDMAN MEMBER, BOARD OF GOVERNORS	2.40	X					0.	0.	0.	
(37) EMMA GOLTZ MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(38) ANETTE L. HARRIS MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(39) GARY L. HEIDENREICH MEMBER, BOARD OF GOVERNORS	1.30	X					0.	0.	0.	
(40) JIM HENRY MEMBER, BOARD OF GOVERNORS	1.50	X					0.	0.	0.	
(41) KENNETH L. HIRSCH MEMBER, BOARD OF GOVERNORS	1.70	X					0.	0.	0.	
(42) GREGORY E. JOHNSON MEMBER, BOARD OF GOVERNORS	2.00	X					0.	0.	0.	
(43) MARK A. JUNG MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(44) JUDI KANTER MEMBER, BOARD OF GOVERNORS	1.40	X					0.	0.	0.	
(45) MRS. WILLIAM R. KIMBALL MEMBER, BOARD OF GOVERNORS	1.00	X					0.	0.	0.	
(46) F. CURT KIRSCHNER MEMBER, BOARD OF GOVERNORS	1.40	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JANET W. LAMKIN MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(48) CHRISTINE E. LAMOND MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(49) MAX LEVCHIN MEMBER, BOARD OF GOVERNORS	1.40	X						0.	0.	0.
(50) FRED M. LEVIN MEMBER, BOARD OF GOVERNORS	1.40	X						0.	0.	0.
(51) MARYON DAVIES LEWIS MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(52) RAYMOND K. Y. LI MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(53) GORRETTI LO LUI MEMBER, BOARD OF GOVERNORS	1.20	X						0.	0.	0.
(54) MARC T. MACAULAY MEMBER, BOARD OF GOVERNORS	1.60	X						0.	0.	0.
(55) REBECCA MACIEIRA-KAUFMANN MEMBER, BOARD OF GOVERNORS	1.20	X						0.	0.	0.
(56) RICHARD B. MADDEN MEMBER, BOARD OF GOVERNORS	1.60	X						0.	0.	0.
(57) MRS. MERRILL L. MAGOWAN MEMBER, BOARD OF GOVERNORS	1.30	X						0.	0.	0.
(58) MRS. J. STANLEY MATTISON MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(59) AMY S. MCCOMBS MEMBER, BOARD OF GOVERNORS	1.10	X						0.	0.	0.
(60) NAN TUCKER MCEVOY MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(61) KENNETH P. MCNEELY MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(62) WILLIAM F. MEEHAN III MEMBER, BOARD OF GOVERNORS	1.50	X						0.	0.	0.
(63) J. WILLIAM MORRIS III MEMBER, BOARD OF GOVERNORS	2.00	X						0.	0.	0.
(64) MRS. JOHN F. NICOLAI MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(65) ROBERT G. O'DONNELL MEMBER, BOARD OF GOVERNORS	1.50	X						0.	0.	0.
(66) MRS. JAMES C. PARAS MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) LAURA K. PFAFF MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(68) PAULA B. PRETLOW MEMBER, BOARD OF GOVERNORS	1.70	X						0.	0.	0.
(69) RICHARD M. ROSENBERG MEMBER, BOARD OF GOVERNORS	1.80	X						0.	0.	0.
(70) DIANE L. SCHAFER MEMBER, BOARD OF GOVERNORS	1.20	X						0.	0.	0.
(71) FREDERIC M. SEEGAL MEMBER, BOARD OF GOVERNORS	1.50	X						0.	0.	0.
(72) SHARON L. SETO MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(73) MRS. GEORGE P. SHULTZ MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(74) TRINE SORENSEN MEMBER, BOARD OF GOVERNORS	1.80	X						0.	0.	0.
(75) PATRICIA SUGHRUE SPRINCIN MEMBER, BOARD OF GOVERNORS	1.70	X						0.	0.	0.
(76) NICHOLAS E. TOUSSAINT MEMBER, BOARD OF GOVERNORS	1.50	X						0.	0.	0.
(77) TONY TROUSSET MEMBER, BOARD OF GOVERNORS	1.30	X						0.	0.	0.
(78) M. ISABEL VALDS MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(79) GE WANG MEMBER, BOARD OF GOVERNORS	1.50	X						0.	0.	0.
(80) ANITA L. WORNICK MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(81) PAUL H. BAASTAD LIFE GOVERNOR	1.20	X						0.	0.	0.
(82) ANDREW S. BERWICK, JR. LIFE GOVERNOR	1.00	X						0.	0.	0.
(83) PAUL A. BISSINGER, JR. LIFE GOVERNOR	1.00	X						0.	0.	0.
(84) MRS. HAROLD BRUMBAUM LIFE GOVERNOR	1.00	X						0.	0.	0.
(85) MRS. W. JOHN BUCHANAN LIFE GOVERNOR	1.00	X						0.	0.	0.
(86) RAMON C. CORTINES LIFE GOVERNOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) PHILIP S. EHRLICH LIFE GOVERNOR	1.00	X						0.	0.	0.
(88) MRS. A. BARLOW FERGUSON LIFE GOVERNOR	1.00	X						0.	0.	0.
(89) JAMES C. HORMEL LIFE GOVERNOR	1.00	X						0.	0.	0.
(90) EFF W. MARTIN LIFE GOVERNOR	1.00	X						0.	0.	0.
(91) ELLEN MAGNIN NEWMAN LIFE GOVERNOR	1.50	X						0.	0.	0.
(92) MRS. WILLIAM H. ORRICK, JR. LIFE GOVERNOR	1.00	X						0.	0.	0.
(93) CARL F. PASCARELLA LIFE GOVERNOR	1.00	X						0.	0.	0.
(94) MRS. EVAN R. PETERS LIFE GOVERNOR	1.00	X						0.	0.	0.
(95) GENELLE RELFE LIFE GOVERNOR	1.00	X						0.	0.	0.
(96) MRS. CHARLES R. SCHWAB LIFE GOVERNOR	1.00	X						0.	0.	0.
(97) BARRY H. STERLING LIFE GOVERNOR	1.00	X						0.	0.	0.
(98) DONALD T. VALENTINE LIFE GOVERNOR	1.00	X						0.	0.	0.
(99) F. CLARK WARDEN LIFE GOVERNOR	1.00	X						0.	0.	0.
(100) WILLIAM J. ZELLERBACH LIFE GOVERNOR	1.00	X						0.	0.	0.
(101) JEFF BLEICH MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(102) KELLY LYNN CANADY MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(103) DEAN CASH MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(104) ALI ROWGHANI MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(105) JACK WILLIAM VAN GEEM MEMBER, BOARD OF GOVERNORS	1.00	X						0.	0.	0.
(106) BRENT ASSINK EXECUTIVE DIRECTOR	60.00			X				478,476.	0.	78,836.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include James Kirk, John Kieser, Anne Johnson, Nan Keeton, Alexander Barantschik, Ragnar Bohlin, Jonathan Vinocour, and Mark Inouye.

Total to Part VII, Section A, line 1c 2,629,255. 326,443.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,649,689.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	920,125.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,407,851.				
	g Noncash contributions included in lines 1a-1f: \$		3,267,880.				
	h Total. Add lines 1a-1f		29,977,665.				
	Program Service Revenue	2 a CONCERT & RELATED REVENUES	Business Code 711130	29,661,049.	29,661,049.		
b VOLUNTEER COUNCIL		711130	789,601.	789,601.			
c SFS MEDIA		515100	259,474.	259,474.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			30,710,124.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,015,570.		27,211.	16,988,359.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
			24,332.				
		b Less: rental expenses		0.			
		c Rental income or (loss)		24,332.			
	d Net rental income or (loss)		24,332.		24,332.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				57,239,669.	2,400.		
		b Less: cost or other basis and sales expenses		43,076,021.	225,741.		
		c Gain or (loss)		14,163,648.	-223,341.		
	d Net gain or (loss)		13,940,307.			13,940,307.	
	8 a Gross income from fundraising events (not including \$ 3,649,689. of contributions reported on line 1c). See Part IV, line 18	a		776,167.			
		b Less: direct expenses	b	2,031,672.			
c Net income or (loss) from fundraising events			-1,255,505.			-1,255,505.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a		1,213,011.				
	b Less: cost of goods sold	b	613,802.				
	c Net income or (loss) from sales of inventory		599,209.	599,209.			
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	171,943.			171,943.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			171,943.			
12 Total revenue. See instructions.			91,183,645.	31,309,333.	51,543.	29,845,104.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	115,850.	115,850.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,416,589.	454,719.	693,601.	268,269.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	29,278,223.	25,308,770.	2,220,522.	1,748,931.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,836,128.	5,547,987.	207,481.	80,660.
9 Other employee benefits	5,226,569.	4,612,216.	391,418.	222,935.
10 Payroll taxes	2,075,359.	1,735,150.	190,228.	149,981.
11 Fees for services (non-employees):				
a Management				
b Legal	243,573.		243,573.	
c Accounting	178,216.		178,216.	
d Lobbying	9,503.	5,669.	3,834.	
e Professional fundraising services. See Part IV, line 17	410,198.			410,198.
f Investment management fees	298,134.		298,134.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,055,310.	2,883,085.	61,186.	111,039.
12 Advertising and promotion	1,317,768.	1,129,056.	15,692.	173,020.
13 Office expenses	1,126,182.	806,103.	195,423.	124,656.
14 Information technology	374,683.	22,244.	323,845.	28,594.
15 Royalties	306,506.	306,506.		
16 Occupancy	740,903.	219,463.	467,111.	54,329.
17 Travel	144,294.	51,679.	28,181.	64,434.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,334,821.	1,165,617.	60,981.	108,223.
23 Insurance	451,758.	73,280.	378,478.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONCERT PRODUCTION	16,399,313.	16,383,982.	15,331.	
b OTHER EXPENSES	2,074,980.	464,065.	200,978.	1,409,937.
c AMORTIZATION	1,113,787.	1,112,844.	265.	678.
d CREDIT CARD FEES	654,369.	485,341.	20,534.	148,494.
e All other expenses	383,112.	181,408.	193,971.	7,733.
25 Total functional expenses. Add lines 1 through 24e	74,566,128.	63,065,034.	6,388,983.	5,112,111.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	2,986,998.	2,170,905.	311,732.	504,361.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	4,738,211.	1	7,079,639.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	17,109,826.	3	8,334,815.	
	4 Accounts receivable, net	567,475.	4	3,015,480.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	2,864,690.	7	3,069,213.	
	8 Inventories for sale or use	565,397.	8	657,940.	
	9 Prepaid expenses and deferred charges	4,169,827.	9	3,430,711.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,540,811.			
	b Less: accumulated depreciation	10b 16,446,765.	18,465,591.	10c	18,094,046.
	11 Investments - publicly traded securities	197,397,709.	11	238,578,662.	
	12 Investments - other securities. See Part IV, line 11	61,053,920.	12	50,747,249.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	8,229,032.	15	8,888,438.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	315,161,678.	16	341,896,193.		
Liabilities	17 Accounts payable and accrued expenses	4,212,496.	17	4,171,222.	
	18 Grants payable		18		
	19 Deferred revenue	12,814,823.	19	12,718,555.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	2,300,000.	23	6,700,000.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,440,840.	25	22,989,245.	
	26 Total liabilities. Add lines 17 through 25	43,768,159.	26	46,579,022.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	52,507,178.	27	54,112,032.	
	28 Temporarily restricted net assets	80,996,645.	28	98,672,567.	
	29 Permanently restricted net assets	137,889,696.	29	142,532,572.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	271,393,519.	33	295,317,171.		
34 Total liabilities and net assets/fund balances	315,161,678.	34	341,896,193.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	91,183,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,566,128.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,617,517.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	271,393,519.
5	Net unrealized gains (losses) on investments	5	8,679,341.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,373,206.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	295,317,171.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **SAN FRANCISCO SYMPHONY** Employer identification number **94-1156284**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,887,904.	51,541,717.	29,724,139.	33,467,450.	30,286,451.	175,907,661.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	30,887,904.	51,541,717.	29,724,139.	33,467,450.	30,286,451.	175,907,661.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19,216,619.
6 Public support. Subtract line 5 from line 4.						156,691,042.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	30,887,904.	51,541,717.	29,724,139.	33,467,450.	30,286,451.	175,907,661.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,334,967.	3,184,276.	3,979,716.	7,247,759.	31,179,218.	48,925,936.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	42,513.	41,228.	128,488.	36,429.	46,332.	294,990.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	357,787.	323,703.	432,248.	302,812.	171,943.	1,588,493.
11 Total support. Add lines 7 through 10						226,717,080.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	69.11	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	76.54	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

COPY

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

SAN FRANCISCO SYMPHONY

94-1156284

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>678,107.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>3,223,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>1,561,962.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>850,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>935,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAN FRANCISCO SYMPHONY	Employer identification number 94-1156284
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>1,031,141.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>1,258,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SAN FRANCISCO SYMPHONY

94-1156284

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	3,200 SHARES WAG, 6,400 SHARES HPQ, 1,500 SHARES ATR	\$ 516,141.	03/25/14
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization SAN FRANCISCO SYMPHONY	Employer identification number 94-1156284
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ **See separate instructions.** ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization SAN FRANCISCO SYMPHONY	Employer identification number 94-1156284
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		18,346.	
c Total lobbying expenditures (add lines 1a and 1b)		18,346.	
d Other exempt purpose expenditures		62,988,010.	
e Total exempt purpose expenditures (add lines 1c and 1d)		63,006,356.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
c Total lobbying expenditures		12,251.	20,038.	18,346.	50,635.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **SAN FRANCISCO SYMPHONY** Employer identification number **94-1156284**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other REPLICA FOR ANNUAL POSTER

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	283,364,803.	268,040,050.	262,125,035.	232,661,245.	230,679,902.
b Contributions	6,541,564.	3,998,608.	3,398,740.	20,521,288.	6,872,990.
c Net investment earnings, gains, and losses	39,550,972.	26,941,005.	19,729,648.	24,946,947.	10,899,942.
d Grants or scholarships					
e Other expenditures for facilities and programs	17,236,796.	15,614,860.	17,213,373.	16,004,445.	15,791,589.
f Administrative expenses					
g End of year balance	312,220,543.	283,364,803.	268,040,050.	262,125,035.	232,661,245.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 26.37 %
- b Permanent endowment 45.65 %
- c Temporarily restricted endowment 27.98 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		17,097,400.	11,337,383.	5,760,017.
d Equipment		16,403,116.	5,109,382.	11,293,734.
e Other		1,040,295.		1,040,295.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				18,094,046.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS AND		
(B) OTHERS	50,747,249.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	50,747,249.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITES TO BENEFICIARY OF SPLIT	
(3) INT. AGREEMENTS	2,731,922.
(4) PENSION BENEFIT LIABILITIES	15,257,323.
(5) UNEARNED CHALLENGE GRANT	5,000,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	22,989,245.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	102,852,902.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	8,679,341.
b	Donated services and use of facilities	2b	644,118.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,645,474.
e	Add lines 2a through 2d	2e	11,968,933.
3	Subtract line 2e from line 1	3	90,883,969.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	299,676.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	299,676.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	91,183,645.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	77,556,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	644,118.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,645,474.
e	Add lines 2a through 2d	2e	3,289,592.
3	Subtract line 2e from line 1	3	74,266,452.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	299,676.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	299,676.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	74,566,128.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

EXPLANATION: THE SYMPHONY RECEIVES A DONATED WATERCOLOR, WHICH IS CAPITALIZED AS PART OF IMPROVEMENTS, FURNITURE, AND EQUIPMENT. THE DONATED WATERCOLOR IS BEING MAINTAINED AS PART OF THE SYMPHONY'S COLLECTION.

THE SYMPHONY MAINTAINS OTHER ARTWORK AROUND DAVIES SYMPHONY HALL, BUT NO OTHER ITEMS ARE RECORDED AS ASSETS.

PART X, LINE 2:

EXPLANATION: THE SYMPHONY HAS EVALUATED ITS CURRENT TAX POSITIONS ON UNRELATED BUSINESS INCOME AND HAS CONCLUDED THAT AS OF AUGUST 31, 2014,

Part XIII Supplemental Information (continued)

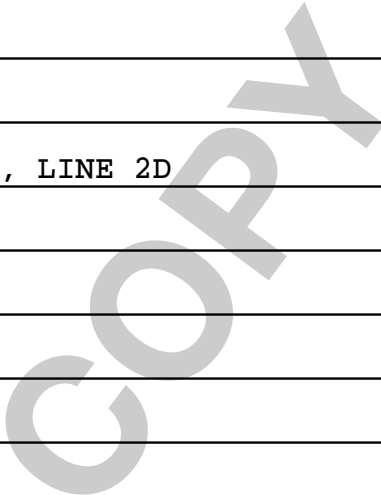
THE SYMPHONY DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	2,031,672.
COST OF GOODS SOLD	613,802.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,645,474.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	2,031,672.
COST OF GOODS SOLD	613,802.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,645,474.



**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **SAN FRANCISCO SYMPHONY**
Employer identification number: **94-1156284**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EUROPEAN TOURS	148,304.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		2,317,723.
3 a Sub-total	0	0			2,466,027.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,466,027.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

COPY

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

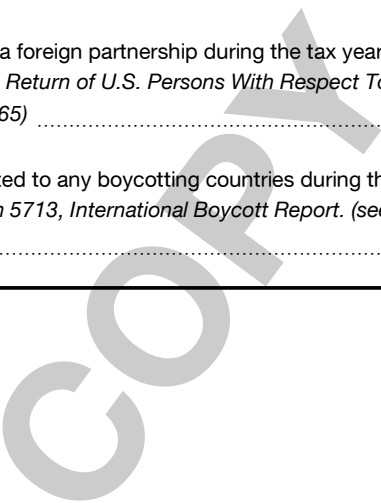
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No



Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization: **SAN FRANCISCO SYMPHONY** Employer identification number: **94-1156284**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SD&A TELESERVICES, INC. - 5757 W. CENTURY BLVD., SUITE	CONSULT AND SOLICIT FOR TELEFUNDRAISING		X	959,071.	379,598.	579,473.
THE HOLMAN GROUP - 6240 PRIMROSE AVENUE, LOS ANGELES,	ASSIST IN OBTAINING SPONSORSHIPS WITH		X	180,000.	31,285.	148,715.
Total				1,139,071.	410,883.	728,188.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		OPENING GALA	SPRING GALA	3	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	2,638,684.	719,844.	1,067,328.	4,425,856.
	2 Less: Contributions	2,322,718.	669,744.	657,227.	3,649,689.
	3 Gross income (line 1 minus line 2)	315,966.	50,100.	410,101.	776,167.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,840.	7,240.	39,700.	61,780.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,097,074.	234,184.	638,634.	1,969,892.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				2,031,672.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-1,255,505.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SD&A TELESERVICES, INC.

(I) ADDRESS OF FUNDRAISER:

5757 W. CENTURY BLVD., SUITE 300, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: THE HOLMAN GROUP

(I) ADDRESS OF FUNDRAISER: 6240 PRIMROSE AVENUE, LOS ANGELES, CA 90068

(II) ACTIVITY: ASSIST IN OBTAINING SPONSORSHIPS WITH CORPORATIONS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO CONSERVATORY OF MUSIC - 50 OAK STREET - SAN FRANCISCO, CA 94102	94-1156610	501(C)(3)	0.	31,665.	FMV	TICKETS	TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES
AP GIANNINI MIDDLE SCHOOL 3151 ORTEGA ST SAN FRANCISCO, CA 94122	94-6000416	GOVERNMENT	0.	18,145.	FMV	TICKETS	TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES
LOWELL HIGH SCHOOL 1101 EUCALYPTUS DR SAN FRANCISCO, CA 94132	94-6000416	GOVERNMENT	0.	12,132.	FMV	TICKETS	TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES
GEORGE WASHINGTON HIGH SCHOOL 600 32ND AVENUE SAN FRANCISCO, CA 94121	94-6000416	GOVERNMENT	0.	6,204.	FMV	TICKETS	TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES
KIPP SF BAY ACADEMY 1430 SCOTT STREET, 3RD FLOOR SAN FRANCISCO, CA 94115	20-5010766	GOVERNMENT	0.	10,542.	FMV	TICKETS	TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES
PRESIDIO MIDDLE SCHOOL 450 30TH AVENUE SAN FRANCISCO, CA 94121	94-6000416	GOVERNMENT	0.	37,162.	FMV	TICKETS	TO PROVIDE THE COMMUNITY FREE ACCESS TO SELECT SYMPHONY PERFORMANCES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6

3 Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: THE SYMPHONY DONATES TICKETS TO VARIOUS ORGANIZATIONS, PREDOMINANTLY RELATED TO EDUCATION. SYMPHONY STAFF MEMBER(S) WORK DIRECTLY WITH THE SCHOOLS AND ATTEND CONCERTS TO PERSONALLY WELCOME THE TEACHERS AND STUDENTS WHO ARE ATTENDING THESE CONCERTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	4b	4c							
		X								
	X									
			X							
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	5b								
			X							
			X							
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	6b								
			X							
			X							
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		X							
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		X							
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRENT ASSINK EXECUTIVE DIRECTOR	(i)	471,665.	0.	6,811.	59,793.	19,043.	557,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES KIRK CHIEF FINANCIAL OFFICER	(i)	210,714.	0.	129.	10,607.	19,983.	241,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN KIESER GENERAL MANAGER	(i)	202,783.	0.	129.	51,081.	894.	254,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANNE JOHNSON (START 01/23/13) DIRECTOR, DEVELOPMENT	(i)	265,579.	0.	2,099.	0.	651.	268,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NAN KEETON DIRECTOR OF EXTERNAL AFFAIRS	(i)	245,202.	0.	63.	4,292.	20,007.	269,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALEXANDER BARANTSCHIK CONCERTMASTER	(i)	482,631.	0.	792.	42,125.	38,197.	563,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RAGNAR BOHLIN CHORUS DIRECTOR	(i)	193,313.	0.	56,045.	11,581.	8,177.	269,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JONATHAN VINOCOUR PRINCIPAL VIOLA	(i)	245,365.	0.	96.	0.	16,348.	261,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARK INOUYE PRINCIPAL TRUMPET	(i)	245,719.	0.	120.	12,361.	11,303.	269,503.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

EXPLANATION: THE EXECUTIVE DIRECTOR PARTICIPATES IN A SUPPLEMENTAL
NONQUALIFIED RETIREMENT PLAN. SFS CONTRIBUTED \$17,500 TO THE PLAN IN
FEBRUARY 2013.

COPY

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization SAN FRANCISCO SYMPHONY

Employer identification number 94-1156284

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DIXON DOLL	BOARD MEMBER IS A G	155,000.	DURING THE		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DIXON DOLL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS A GENERAL PARTNER IN A LIMITED PARTNERSHIP

(C) AMOUNT OF TRANSACTION \$ 155,000.

(D) DESCRIPTION OF TRANSACTION: DURING THE YEAR ENDED AUGUST 31, 2014, THE SYMPHONY INVESTED \$155,000 IN A VENTURE CAPITAL LIMITED PARTNERHSIP, WHICH INVESTS IN A FUND OF WHICH A BOARD MEMBER IS A GENERAL PARTNER. THE SYMPHONY'S FUTURE CAPITAL COMMITMENTS RELATED TO THIS PARTNERSHIP AS OF AUGUST 31, 2014, WAS 450,000.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **SAN FRANCISCO SYMPHONY** Employer identification number **94-1156284**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	11,000.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		314,540.	ANNUAL SALES REVENUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	127	2,222,722.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	163	144,716.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GOODS & SERVI</u>)	X	6	529,402.	
26 Other ▶ (<u>PIANO</u>)	X	1	45,500.	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTORS.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RECOGNITION AS A MEANS OF ENSURING ITS ABILITY TO FULFILL ITS MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GREAT PERFORMERS SERIES, MUSIC FOR FAMILIES AND THE CHAMBER MUSIC

SERIES. IN ADDITION, THE ORCHESTRA OFFERS FREE COMMUNITY CONCERTS, AN

ANNUAL SUMMER FESTIVAL AND DECEMBER HOLIDAY CONCERTS.

THE SYMPHONY PROVIDES AN EXTENSIVE ARRAY OF MUSIC EDUCATION PROGRAMS

FOR YOUTH AND ADULTS, MOST OF WHICH ARE FREE OF CHARGE. FOR YOUNG

CHILDREN, THERE IS ADVENTURES IN MUSIC, A COMPREHENSIVE MUSIC EDUCATION

PROGRAM IN EVERY SAN FRANCISCO PUBLIC ELEMENTARY SCHOOL SERVING OVER

25,000 CHILDREN AND CONCERTS FOR KIDS, REACHING NEARLY 35,000 SCHOOL

CHILDREN EACH YEAR FROM AROUND THE GREATER BAY AREA. OTHER PROGRAMS

INCLUDE A SPECIAL WEB SITE FOR CHILDREN, WWW.SFSKIDS.ORG, OFFERING

YOUNGSTERS AROUND THE WORLD AN INTRODUCTION TO MUSIC, THE INSTRUMENT

TRAINING PROGRAM FOR MIDDLE AND HIGH SCHOOL MUSIC STUDENTS; THE HOWARD

SKINNER STUDENT FORUM, OFFERING GREATLY DISCOUNTED TICKETS TO COLLEGE

STUDENTS; AND FREE TICKETS FOR HIGH SCHOOL AND COLLEGE MUSIC STUDENTS.

FOR ADULTS, THE SYMPHONY PRESENTS INSIDE MUSIC TALKS, WHICH ARE FREE OF

CHARGE BEFORE EACH CONCERT. OTHER PROGRAMS REACH ECONOMICALLY

DISADVANTAGED BAY AREA RESIDENTS AND INCLUDE FREE OUTDOOR CONCERTS AND

SEVERAL PROGRAMS DISTRIBUTING DISCOUNTED AND COMPLIMENTARY TICKETS.

THE SYMPHONY'S WIDE-RANGING RECORDING AND MEDIA PROJECTS MAKE CLASSICAL

MUSIC MORE ACCESSIBLE TO PEOPLE OF ALL AGES AND BACKGROUNDS, INCLUDING

A NATIONAL PBS-TV SERIES OF DOCUMENTARIES AND CONCERTS, NATIONALLY

Name of the organization SAN FRANCISCO SYMPHONY	Employer identification number 94-1156284
--	--

SYNDICATED RADIO PROGRAMS, AND INTERACTIVE WEBSITES.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: TWO MEMBERS OF THE BOARD, DORIS FISHER AND SAKURAKO FISHER, ARE RELATED BY MARRIAGE.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE BYLAWS STATE THAT EACH PERSON OR ENTITY WHO OR WHICH HAS SUBSCRIBED TO AT LEAST THREE CONCERTS IN ANY REGULAR SEASON SYMPHONY SERIES OF THE CORPORATION AND HAS CONTRIBUTED AT LEAST \$350.00 TO THE CORPORATION DURING A PERIOD OF TWELVE MONTHS ENDING UPON THE 60TH DAY BEFORE THE ANNUAL OR ANY SPECIAL MEETING OF VOTING MEMBERS SHALL BE A VOTING MEMBER, ENTITLED TO ONE VOTE, AT SUCH ANNUAL OR SPECIAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: EACH PERSON OR ENTITY WHO OR WHICH HAS SUBSCRIBED TO AT LEAST THREE CONCERTS IN ANY REGULAR SEASON SYMPHONY SERIES AND HAS CONTRIBUTED AT LEAST \$350.00 TO THE CORPORATION DURING A PERIOD OF TWELVE MONTHS ENDING UPON THE 60TH DAY BEFORE THE ANNUAL MEETING SHALL BE A VOTING MEMBER. THE VOTING MEMBERS, AT EACH OF THEIR ANNUAL MEETINGS, SHALL ELECT APPROXIMATELY ONE-THIRD OF THE TOTAL NUMBER OF GOVERNORS, ROUNDED TO SUCH NEAREST WHOLE NUMBER AS DETERMINED BY THE BOARD OF GOVERNORS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: ON BEHALF OF THE BOARD OF GOVERNORS, THE AUDIT COMMITTEE SHALL HAVE THE RESPONSIBILITY TO REVIEW THE SYMPHONY'S FORM 990 BEFORE FILING WITH THE INTERNAL REVENUE SERVICE. THE COMMITTEE IS PROVIDED WITH A COMPLETE COPY OF THE FILING, INCLUDING ALL SUPPORTING SCHEDULES AND

Name of the organization SAN FRANCISCO SYMPHONY	Employer identification number 94-1156284
--	--

ATTACHMENTS. A MEETING OF THE AUDIT COMMITTEE (EITHER IN PERSON OR VIA ELECTRONIC MEANS) SHALL BE HELD TO REVIEW THE 990 FORM WITH MANAGEMENT AND/OR THE PREPARERS. ALL QUESTIONS, COMMENTS AND SUGGESTED REVISIONS SET FORTH BY THE AUDIT COMMITTEE WILL BE DOCUMENTED ALONG WITH THE RESPONSES, IF APPLICABLE, AND THE FILING UPDATED OR REVISED AS NECESSARY.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE SYMPHONY'S CONFLICT OF INTEREST POLICY COVERS GOVERNORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS OF THE SAN FRANCISCO SYMPHONY. THE POLICY IS REVIEWED ANNUALLY BY THE AUDIT COMMITTEE, WHO SHALL HAVE FINAL AUTHORITY TO DETERMINE WHAT MAY BE A CONFLICT OF INTEREST AND HOW TO ADDRESS THE CONFLICT.

EACH GOVERNOR, COMMITTEE MEMBER, OFFICER AND KEY EMPLOYEE IS REQUIRED TO ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING CONFLICTS OF INTEREST. ONCE IDENTIFIED, CONFLICTS OF INTEREST ARE ADDRESSED AS ESTABLISHED IN THE SYMPHONY'S CONFLICT OF INTEREST POLICY. THE CHIEF FINANCIAL OFFICER OF THE SYMPHONY MAINTAINS THE DISCLOSURE FORMS AND INSURES COMPLIANCE OF THE ESTABLISHED POLICY.

GENERALLY, A CONFLICTED PARTY MAY NOT PARTICIPATE IN ANY DISCUSSIONS OR DECISIONS ON MATTERS WHERE THEY MAY BE CONFLICTED. THE CONFLICTED PARTY IS REQUIRED TO DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS ON THE MATTER BEING CONSIDERED.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE HUMAN RESOURCES COMMITTEE (COMMITTEE) OF THE BOARD OF GOVERNORS DETERMINES THE COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR

Name of the organization SAN FRANCISCO SYMPHONY	Employer identification number 94-1156284
--	--

(ED) AND THE CHIEF FINANCIAL OFFICER (CFO) OF THE SYMPHONY.

THE COMMITTEE WILL MEET ANNUALLY TO REVIEW AND APPROVE THE COMPENSATION AND BENEFIT PACKAGES FOR THE ED AND CFO. THE COMMITTEE RELIES ON COMPARABILITY DATA PREPARED BY THE DIRECTOR OF HUMAN RESOURCES FOR THE SAME OR SIMILAR POSITIONS IN COMPARABLE ORCHESTRAS IN THE UNITED STATES AND SIMILAR POSITIONS FOR NON-PROFITS IN THE SAN FRANCISCO BAY AREA.

THE ED AND CFO ARE NOT PRESENT FOR ANY DELIBERATIONS OF THE COMMITTEE NOR DO THEY HAVE ACCESS TO THE INFORMATION PRESENTED TO THE COMMITTEE BY THE DIRECTOR OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE REQUIRED ORGANIZATIONAL DOCUMENTS OF THE SYMPHONY WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT DAVIES SYMPHONY HALL DURING NORMAL BUSINESS HOURS AT NO CHARGE. THE PUBLIC INSPECTION COPY OF THE SYMPHONY'S FORM 990 AND THE AUDITED FINANCIAL REPORTS, FROM THE PREVIOUS THREE YEARS (AT A MINIMUM), WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT DAVIES SYMPHONY HALL DURING NORMAL BUSINESS HOURS AT NO CHARGE. WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR FINANCIAL STATEMENTS OR THE FORM 990 BY ANYONE, THE SYMPHONY SHALL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST. IN ADDITION, THE SYMPHONY'S FORM 990 IS AVAILABLE TO THE PUBLIC ON THE INTERNET AT GUIDESTAR.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PENSION BENEFIT LIABILITIES -1,373,206.

Name of the organization

SAN FRANCISCO SYMPHONY

Employer identification number
94-1156284

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

COPY

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

SAN FRANCISCO SYMPHONY

Employer identification number

94-1156284

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

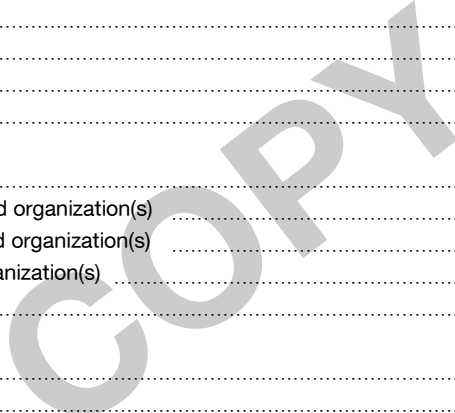
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
POOLED INCOME FUND									
DAVIES SYMPHONY HALL, 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	TRUST	CA		TRUST					X
CRUT #1									
DAVIES SYMPHONY HALL, 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	TRUST	CA		TRUST					X
UNITRUST									
DAVIES SYMPHONY HALL, 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	TRUST	CA		TRUST					X
CHARITABLE REMAINDER TRUST (6)									
DAVIES SYMPHONY HALL, 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	TRUST	CA		TRUST					X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X



2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning SEP 1, 2013, and ending AUG 31, 2014

2013

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; Name of organization: SAN FRANCISCO SYMPHONY; Address: DAVIES SYMPHONY HALL, 201 VAN NESS; City: SAN FRANCISCO, CA 94102-4585; Telephone: 900002 900099

F Group exemption number; G Check organization type: 501(c) corporation

H Describe the organization's primary unrelated business activity: SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of: JIM KIRK, CFO; Telephone number: (415) 552-8000

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 5 Income from partnerships; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total: 51,543.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include: 14 Compensation of officers; 15 Salaries and wages: 77; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses: 984; 20 Charitable contributions: STATEMENT 4 SEE STATEMENT 2: 4,633; 21 Depreciation; 22 Less depreciation; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions: SEE STATEMENT 3: 3,150; 29 Total deductions: 8,844; 30 Unrelated business taxable income before net operating loss deduction: 42,699; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction: 42,699; 33 Specific deduction: 1,000; 34 Unrelated business taxable income: 41,699.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded amount (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer, Date, CFO Title. Includes a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (JOHN PANETTA), Preparer's signature, Date, Check self-employed, PTIN (P00365375), Firm's name (ARMANINO LLP), Firm's address (12657 ALCOSTA BOULEVARD, SUITE 500, SAN RAMON, CA 94583-4600), Firm's EIN (94-6214841), Phone no. (925-790-2600).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1) EQUIPMENT/INSTRUMENT RENTAL
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	24,332.	
(2)		
(3)		
(4)		
Total	0.	Total 24,332.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **24,332.**

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A) **0.** Enter here and on page 1, Part I, line 7, column (B) **0.**

Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) **0.**

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2013

Name SAN FRANCISCO SYMPHONY		Employer identification number 94-1156284
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1 Taxable income or (loss) before net operating loss deduction	1	41,699.
2 Adjustments and preferences:		
a Depreciation of post-1986 property	2a	
b Amortization of certified pollution control facilities	2b	
c Amortization of mining exploration and development costs	2c	
d Amortization of circulation expenditures (personal holding companies only)	2d	
e Adjusted gain or loss	2e	
f Long-term contracts	2f	
g Merchant marine capital construction funds	2g	
h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i Tax shelter farm activities (personal service corporations only)	2i	
j Passive activities (closely held corporations and personal service corporations only)	2j	
k Loss limitations	2k	
l Depletion	2l	
m Tax-exempt interest income from specified private activity bonds	2m	
n Intangible drilling costs	2n	
o Other adjustments and preferences	2o	
3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	41,699.
4 Adjusted current earnings (ACE) adjustment:		
a ACE from line 10 of the ACE worksheet in the instructions	4a	41,699.
b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0.
c Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	
d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e ACE adjustment.		
• If line 4b is zero or more, enter the amount from line 4c	}	
• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		0.
5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	41,699.
6 Alternative tax net operating loss deduction (see instructions)	6	
7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	41,699.
8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0.
b Multiply line 8a by 25% (.25)	8b	0.
c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	40,000.
9 Subtract line 8c from line 7. If zero or less, enter -0-	9	1,699.
10 Multiply line 9 by 20% (.20)	10	340.
11 Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12 Tentative minimum tax. Subtract line 11 from line 10	12	340.
13 Regular tax liability before applying all credits except the foreign tax credit	13	6,255.
14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2013)

* SEE ALSO

STATEMENT 6

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1		Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1	41,699.
2		ACE depreciation adjustment:		
a		AMT depreciation	2a	
b		ACE depreciation:		
	(1)	Post-1993 property	2b(1)	
	(2)	Post-1989, pre-1994 property	2b(2)	
	(3)	Pre-1990 MACRS property	2b(3)	
	(4)	Pre-1990 original ACRS property	2b(4)	
	(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
	(6)	Other property	2b(6)	
	(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c		ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3		Inclusion in ACE of items included in earnings and profits (E&P):		
a		Tax-exempt interest income	3a	
b		Death benefits from life insurance contracts	3b	
c		All other distributions from life insurance contracts (including surrenders)	3c	
d		Inside buildup of undistributed income in life insurance contracts	3d	
e		Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f		Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4		Disallowance of items not deductible from E&P:		
a		Certain dividends received	4a	
b		Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b	
c		Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d		Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e		Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f		Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5		Other adjustments based on rules for figuring E&P:		
a		Intangible drilling costs	5a	
b		Circulation expenditures	5b	
c		Organizational expenditures	5c	
d		LIFO inventory adjustments	5d	
e		Installment sales	5e	
f		Total other E&P adjustments. Combine lines 5a through 5e	5f	
6		Disallowance of loss on exchange of debt pools	6	
7		Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8		Depletion	8	
9		Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10		Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	41,699.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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RENT OF MUSICAL INSTRUMENTS/EQUIPMENT AND PARTNERSHIP INVESTMENTS

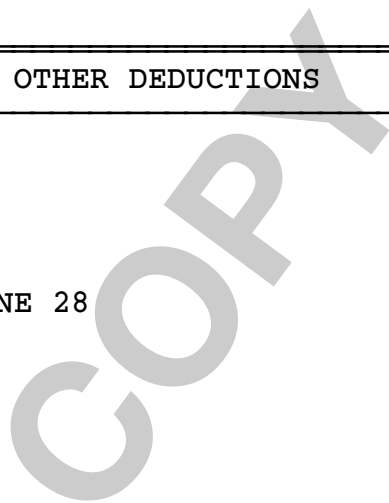
TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT
GEORGE WASHINGTON HIGH SCHOOL	N/A		4,633.
TOTAL TO FORM 990-T, PAGE 1, LINE 20			4,633.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
TAX PREPARATION FEES	3,150.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	3,150.



FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2008

FOR TAX YEAR 2009

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

4,633

TOTAL CONTRIBUTIONS AVAILABLE

4,633

TAXABLE INCOME LIMITATION AS ADJUSTED

4,633

EXCESS 10% CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

4,633

TOTAL CONTRIBUTION DEDUCTION

4,633

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	5
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<u>PARTNERSHIP NAME</u>	<u>GROSS INCOME</u>	<u>DEDUCTIONS</u>	<u>NET INCOME OR (LOSS)</u>
250 POST ST. LTD.	34,967.	0.	34,967.
MESIROW FINANCIAL CAPITAL PARTNERS X, LP	-5,004.	3.	-5,007.
MCP X AIV LP	3,264.	0.	3,264.
SPECIAL SITUATIONS PARTNERS II	-6,013.	0.	-6,013.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	27,214.	3.	27,211.

COPY

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 6

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2008

FOR TAX YEAR 2009

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

4,633

TOTAL CONTRIBUTIONS

4,633

10% OF TAXABLE INCOME AS ADJUSTED

4,633

EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS

4,633

AMT CHARITABLE DEDUCTION

4,633

REGULAR CONTRIBUTION DEDUCTION

4,633

AMT CONTRIBUTION ADJUSTMENT

0